

Foster Family Home - Deficiency Report

Provider ID: 1-210074

Home Name: Justine Manera, CNA

Review ID: 1-210074-1

91-833 Aikanaka Road

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 10/22/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 11/22/21.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

Comment:

41.(a)(4) - CG #1 needs one approved CG.

David A Ayling

Primary Care Giver

Date

Date